PART B - FEE(S) TRANSMITTAL Complete and sent this form, together wi bplicable fee(s), to: Mail Mail Stop ISSL Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 JUN 0 1 2004 or Fax (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed wh appropriate of the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m 022494 7590 03/29/2004 have its own certificate of mailing or transmission. DALY, CROWLEY & MOFFORD, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO, on the date indicated below. SUITE 101 275 TURNPIKE STREET CANTON, MA 02021-2310 (Depositor's na Robinson Rea No. (Signat APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/086,305 03/01/2002 Eugene C. Ngai MIT-105PUS 8565 TITLE OF INVENTION: TUNABLE MULTI-BAND ANTENNA ARRAY APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$300 \$965 06/29/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** WIMER, MICHAEL C 2821 343-7000MS Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Daly, Crowley names of up to 3 registered patent attorneys or 1 & Mofford, LLP ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Massachusetts Institute

Cambridge, MA

of Technology Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual corporation or other private group entity governm 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ☑ Issue Fee A check in the amount of the fee(s) is enclosed. ☑ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _ 10

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

995 TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known				
Application Number	10/086,305			
Filing Date	March 1, 2002			
First Named Inventor	Eugene C. Ngai			
Examiner Name	Michael C. Wimer			
Art Unit	2821			
Attorney Docket No.	MIT-105PUS			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)		
Check Credit card Money Other None	3. ADDITIONAL FEES		
Deposit Account:	Large Entity Small Entity		
Deposit S0-0845	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	e Paid	
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath		
Deposit Account Daly, Crowley & Mofford, LLP	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet		
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification		
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action		
to the above-identified deposit account.	1251 110 2251 55 Extension for reply within first month		
FEE CALCULATION	1252 420 2252 210 Extension for reply within second month		
1. BASIC FILING FEE Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid	1254 1,480 2254 740 Extension for reply within fourth month		
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 0	1452 110 2452 55 Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional	665	
Fee from	1501 1,330 2501 665 Utility issue fee (or reissue)	003	
Extra Claims below Fee Paid Total Claims -20** = 0 x 18 = 0	11 1002 100 2002 270 2009/10000 100		
Independent 2** - 0 y 84 - 0	1503 640 2503 320 Plant issue fee		
Claims -3 -	1l · · · · · · · · · · · · · · · · · · ·		
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Recording each patent assignment per		
1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3	(37 CFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770 2801 385 Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application		
	Other fee (specify) Publication Fee and 10 Soft Copies 330		
SUBTOTAL (2) (\$) U **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 99	95	

SUBMITTED BY			(Complete (if applicable))		
Name (Print/Type)	Kermit Robinson	Registration No. (Attorney/Agent)	48,734	Telephone	781.401.9988 ext. 24
Signature	Henry Patron			Date	Mm 28.284

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